

2018 Current Fiscal Year Report: Advisory Committee on Minority Health

Report Run Date: 06/05/2019 07:55:53 AM

1. Department or Agency

Department of Health and Human Services

2. Fiscal Year

2018

3. Committee or Subcommittee

Advisory Committee on Minority Health

3b. GSA Committee No.

5301

4. Is this New During Fiscal Year?

No

5. Current Charter

09/17/2017

6. Expected Renewal Date

09/17/2019

7. Expected Term Date

8a. Was Terminated During Fiscal Year?

No

8b. Specific Termination Authority

8c. Actual Term Date

9. Agency Recommendation for Next Fiscal Year

Continue

10a. Legislation Req to Terminate?

No

10b. Legislation Pending?

Not Applicable

11. Establishment Authority Statutory (Congress Created)

12. Specific Establishment Authority

P.L. 105-392

13. Effective Date

09/11/1999

14. Committee Type

Continuing

14c. Presidential?

No

15. Description of Committee National Policy Issue Advisory Board

16a. Total Number of Reports

2

16b. Report Date

Report Title

12/31/2017 Opioid Crisis: Data-Related Strategies for Special Populations to Improve Health Equity and Prevent Opioid Addiction and Overdose

06/19/2018 Opioid Crisis: Recommendations for Creating a Culturally Sensitive System of Care

Number of Committee Reports Listed: 2

17a. Open 3 17b. Closed 0 17c. Partially Closed 0 Other Activities 0 17d. Total 3

Meetings and Dates

Purpose	Start	End
Discussed the draft report, Opioid Crisis: Data-Related Strategies for Special Populations to Improve Health Equity and Prevent Opioid Addiction and Overdose, with specific suggestions and edits, and approval. The ACMH also discussed plans for March 26-27, 2018 face-to-face ACMH meeting. Subject matter experts in serious mental illness (SMI) provided presentations on various aspects of SMI, such as, but not limited to, current federal efforts to meet the challenges of SMI, the national perspective, community and consumer perspective, vulnerable populations, and practices and policy advancement toward wellness in Indian Country. ACMH members divided into separate workgroups, specifically primary prevention; data and evaluation; and innovative systems of care. The three workgroups presented the highlights of their discussion and draft recommendations on SMI for review by the full committee. The framework of the SMI report was discussed, with expectations that the final report will capture the concerns raised by the workgroups.	12/05/2017 - 12/05/2017	
	03/26/2018 - 03/27/2018	

Discussed draft report, Opioid Crisis: Recommendations for Creating a Culturally Sensitive System of Care ("Opioid/CLAS"), which complements the previously approved report, "Opioid Crisis: Data-Related Strategies for Special Populations to Improve Health Equity and Prevent Opioid Addiction and Overdose". The motion to prepare the report for delivery to OMH, OASH and the Secretary was approved. It was discussed that the summary reports from the three ACMH workgroups on SMI, specifically the workgroups that focused on primary prevention, data collection, and innovative systems of care, will be compiled to enable a draft report for discussion and vote at the planned upcoming fall, 2018 meeting. The ACMH's next planned focus area is chronic disease and it was requested that references on chronic disease, particularly prevention and policy, be considered and the framework of the upcoming chronic conditions report.

06/19/2018 - 06/19/2018

Number of Committee Meetings Listed: 3

	Current FY	Next FY
18a(1). Personnel Pmts to Non-Federal Members	\$4,866.22	\$9,600.00
18a(2). Personnel Pmts to Federal Members	\$0.00	\$0.00
18a(3). Personnel Pmts to Federal Staff	\$150,000.00	\$155,000.00
18a(4). Personnel Pmts to Non-Member Consultants	\$98,819.00	\$113,641.85
18b(1). Travel and Per Diem to Non-Federal Members	\$7,858.47	\$30,000.00
18b(2). Travel and Per Diem to Federal Members	\$0.00	\$0.00
18b(3). Travel and Per Diem to Federal Staff	\$0.00	\$0.00
18b(4). Travel and Per Diem to Non-member Consultants	\$14,250.27	\$16,387.81
18c. Other(rents,user charges, graphics, printing, mail, etc.)	\$100,377.88	\$115,434.56
18d. Total	\$376,171.84	\$440,064.22
19. Federal Staff Support Years (FTE)	1.50	1.50

20a. How does the Committee accomplish its purpose?

The Committee gathers and receives information from a variety of sources including expert and public testimony, reports, and other current literature and their own areas of expertise.

20b. How does the Committee balance its membership?

The Committee is composed of outstanding authorities in the field of minority health, public health, administration, health professions, policy, financing, and research. The twelve members represent the health interests of the following racial and ethnic minority groups: Blacks/African Americans; Hispanic/Latino Americans; Asian Americans, Native Hawaiians, or other Pacific Islanders; and American Indians/Alaska Natives.

20c. How frequent and relevant are the Committee Meetings?

The Committee is authorized to meet, at a minimum, two times each calendar year, depending upon the availability of funds. The Committee members discuss issues relevant to improving minority health and health disparities as mandated by the authorizing legislation.

20d. Why can't the advice or information this committee provides be obtained

elsewhere?

Establishment of the Advisory Committee on Minority is mandated under Section 201 of Public Law 105-392. The Advisory Committee on Minority Health was established by the Secretary on September 17, 1999, to advise and make recommendations on the development of goals and specific program activities designed to improve the health status of racial and ethnic minority populations. The disparities in the burden of death and illness experienced by Blacks/African Americans; Hispanic/Latino Americans; Asian Americans, Native Hawaiians, or Pacific Islanders; and American Indians/Alaska Natives, as compared to the U.S. population as a whole persist and in many areas continue to widen. The ACMH serves as an important advisory tool that is utilized by the Department. The advice and recommendations made by the Committee assist with development of departmental efforts to eliminate health disparities in racial and ethnic minority populations.

20e. Why is it necessary to close and/or partially closed committee meetings?

The meetings are open to the public.

21. Remarks

During FY 2018, ACMH focused on opioid abuse and health disparities, and completed two recommendations reports. It is stipulated in the charter that the ACMH will meet, at a minimum, two times each calendar year, depending upon the availability of funds. To comply with the charter, the ACMH met a total of two times during FY 2018: One in-person meeting was held on March 26-27, 2018 and one virtual meeting, which was a teleconference, was held on June 19, 2018. Because the September 2018 face-to-face meeting was cancelled, the Payments to Non-Federal Members (\$) and Travel Reimbursements were lower (\$). Two face-to-face meetings are planned for FY 2019, which increases the Estimated Payments to Non-Federal Members (\$) and Estimated Travel Reimbursement (\$). To obtain copies and/or review meeting minutes or other Committee-related material, please send an email to omh-acmh@hhs.gov. As such, with the official change in DFO, the outgoing DFO, who is now the alternative DFO and assigned Contracting Officer Representative (COR) overseeing the logistics' contractor's expenditures, FY 2018 had a higher federal staff support (FTE) and payments to FTE (\$) than what was estimated in FY 2017. For the current ACMH chair and several members (Paul Juarez, PhD; Cynthia Mojica, PhD; Rea Panares, MHS; Isabel Scarinci, PhD, MPH; and Roland J. Thorpe, Jr., PhD), an extension of their four year term of no more than 180 days was conducted during FY 2018 to enable the ACMH to fully execute its commitment while awaiting confirmation of the pending nominees.

Designated Federal Officer

Violet Ryo-Hwa Woo Designated Federal Officer and Disease Prevention Lead

Committee Members	Start	End	Occupation	Member Designation
Frizzell, Linda	12/19/2016	12/18/2020	Assistant Professor and Consultant, University of Minnesota and Great Lakes Tribal EpiCenter	Special Government Employee (SGE) Member
Juarez, Paul	07/08/2014	01/03/2019	Director, Health Disparities Research Center of Excellence, Meharry Medical College	Special Government Employee (SGE) Member
Maddox II, Gregory	12/19/2016	12/18/2020	Medical Director, Seattle Indian Health Board	Special Government Employee (SGE) Member
Mojica, Cynthia	07/08/2014	01/03/2019	Assistant Professor, College of Public Health and Human Services, Oregon State University	Special Government Employee (SGE) Member
Panapasa, Sela	11/29/2012	11/28/2020	Assistant Research Scientist, Institute for Social Research, University of Michigan	Special Government Employee (SGE) Member
Panares, Rea	07/08/2014	11/21/2018	Senior Advisor - Prevention Institute	Special Government Employee (SGE) Member
Parker, Veronica	07/24/2018	07/23/2022	Professor, SON, College of Behavioral, Social and Health Sciences and Director, Center for Research on Health Disparities	Special Government Employee (SGE) Member
Patchell, Beverly	12/19/2016	12/18/2020	Assistant Professor	Special Government Employee (SGE) Member
Scarinci, Isabel	07/08/2014	01/03/2019	Professor of Medicine, Department of Medicine, University of Alabama at Birmingham	Special Government Employee (SGE) Member
Thorpe, Jr., Roland	07/08/2014	01/03/2019	Assistant Professor and Director - Program for Research on Men's Health, Hopkins Center for Health Disparities Solutions, Johns Hopkins Bloomberg School of Public Health	Special Government Employee (SGE) Member
Wong, Winston	12/19/2016	12/18/2020	Director, Disparities Improvement and Quality Initiatives	Special Government Employee (SGE) Member

Number of Committee Members Listed: 11

Narrative Description

Despite modest improvements in minority health in recent years, several health conditions

and health service areas continue to be stagnant or have a wider gap of disparity among the racial and ethnic (r/e) minorities. The Office of Minority Health strives to improve the health of r/e minority populations where disparities exist through the development of health policies, goals, and programs that will implement collaborative strategies that also promote the National CLAS Standards. ACMH's charge is to advise the Deputy Assistant Secretary for Minority Health (DASMH) on the development of OMH goals and specific culturally appropriate program activities, such as, but not limited to, supporting research, evaluation, and strengthening elements and reaching hard-to-reach populations with health data collection and analysis, for improving the health of r/e minority groups.

What are the most significant program outcomes associated with this committee?

Checked if Applies

- | | |
|---|-------------------------------------|
| Improvements to health or safety | <input checked="" type="checkbox"/> |
| Trust in government | <input type="checkbox"/> |
| Major policy changes | <input type="checkbox"/> |
| Advance in scientific research | <input type="checkbox"/> |
| Effective grant making | <input type="checkbox"/> |
| Improved service delivery | <input checked="" type="checkbox"/> |
| Increased customer satisfaction | <input type="checkbox"/> |
| Implementation of laws or regulatory requirements | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |

Outcome Comments

NA

What are the cost savings associated with this committee?

Checked if Applies

- | | |
|----------------------------|-------------------------------------|
| None | <input checked="" type="checkbox"/> |
| Unable to Determine | <input type="checkbox"/> |
| Under \$100,000 | <input type="checkbox"/> |
| \$100,000 - \$500,000 | <input type="checkbox"/> |
| \$500,001 - \$1,000,000 | <input type="checkbox"/> |
| \$1,000,001 - \$5,000,000 | <input type="checkbox"/> |
| \$5,000,001 - \$10,000,000 | <input type="checkbox"/> |
| Over \$10,000,000 | <input type="checkbox"/> |
| Cost Savings Other | <input type="checkbox"/> |

Cost Savings Comments

NA

What is the approximate Number of recommendations produced by this committee for the life of the committee?

86

Number of Recommendations Comments

During fiscal year 2018, ACMH developed a total of 21 recommendations for opioid abuse (improved data collection and creating a culturally sensitive system of care). 21 Total Recommendations for FY 2018 = (3 recommendations in Opioid/data report) + (18 in Opioid/culturally sensitive system of care report). Therefore, the total number of ACMH recommendations is 86: (65 total recommendations posted for NUMBER of RECOMMENDATIONS in FY 2017) + (21 recommendations solely from FY 2018).

What is the approximate Percentage of these recommendations that have been or will be Fully implemented by the agency?

0%

% of Recommendations Fully Implemented Comments

Zero of the 21 [fiscal year 2018] recommendations were fully implemented due to resource limitations or need of coordinated actions by other HHS divisions. OMH has reviewed and strengthened its process for tracking implemented recommendations for FY 2018 and onward.

What is the approximate Percentage of these recommendations that have been or will be Partially implemented by the agency?

0%

% of Recommendations Partially Implemented Comments

Of the 21 [fiscal year 2018] total recommendations, 10 (48%) were partially implemented. Examples of recommendations that were partially implemented include developing an issue brief on HHS data collections with opioid-related data by race/ethnicity; examining existing federal survey data on opioid misuse and opioid use disorder among racial/ethnic minority populations; planning a webinar for providers/practitioners on integrating the National CLAS Standards in services to improve engagement and care quality; direct representation and participating in the OASH Behavioral Health Coordinating Committee Opioids and Controlled Substances subcommittee; supporting coordination between a federal agency and private organizations to ensure CLAS standards are incorporated in prevention efforts; and developing an e-learning module on cultural/linguistic competency in behavioral health and CLAS implementation guide for behavioral health. OMH has

reviewed and strengthened its process for tracking implemented recommendations for FY 2018 and onward.

Does the agency provide the committee with feedback regarding actions taken to implement recommendations or advice offered?

Yes ☐ No ☐ Not Applicable ☒

Agency Feedback Comments

The DFO communicates with the ACMH Chair. This information is provided to the other members and the public at full committee meetings. Information about Committee-related matters also can be obtained on the OMH/Advisory Committee website, which is managed by the OMH Division of Information and Education (DIE).

What other actions has the agency taken as a result of the committee's advice or recommendation?

Checked if Applies

Reorganized Priorities	<input type="checkbox"/>
Reallocated resources	<input type="checkbox"/>
Issued new regulation	<input type="checkbox"/>
Proposed legislation	<input type="checkbox"/>
Approved grants or other payments	<input type="checkbox"/>
Other	<input type="checkbox"/>

Action Comments

NA

Is the Committee engaged in the review of applications for grants?

No

Grant Review Comments

NA

How is access provided to the information for the Committee's documentation?

Checked if Applies

Contact DFO	<input type="checkbox"/>
Online Agency Web Site	<input type="checkbox"/>
Online Committee Web Site	<input checked="" type="checkbox"/>
Online GSA FACA Web Site	<input checked="" type="checkbox"/>
Publications	<input type="checkbox"/>

Other



Access Comments

N/A